

First Steps Georgia – Application Face Sheet

SECTION 1: APPLICANT AGENCY (for contracting purposes)

Applicant Agency (Legal Name): _____

Legal Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Federal Employer I.D. #: _____ DUNS #: _____ Congressional District #: _____

Check One: ☐ Government Agency ☐ Non-Profit Agency

A. Executive Officer Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 2: FISCAL AGENT (if not the applicant agency)

Applicant's Fiscal Agent (Legal Name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Federal Employer I.D. #: _____ DUNS #: _____

Check One: ☐ Government Agency ☐ Non-Profit Agency

SECTION 3: FISCAL CONTACT

A. Fiscal Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 4: FIRST STEPS GEORGIA CONTACT (if position is vacant, list interim First Steps Georgia contact)

A. First Steps Georgia Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 5: CONTRACT AMOUNT REQUESTED: \$ _____

SECTION 6: AUTHORIZING SIGNATURES

I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – OPFS Statement of Need and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.

APPLICANT AGENCY:

FISCAL AGENT (if not applicant agency)

Signature, Executive Officer Date

Signature, Executive Officer Date

SECTION 7: FISCAL INFORMATION

1. Month of fiscal year end of the fiscal agent: _____
2. Attach to the application, the fiscal agent's financial statements as required by SoN.
3. Is fiscal agent delinquent on any federal debt? NO ☐ YES ☐ If yes, attach a detailed explanation.
4. Is applicant agency: Public Government Entity ☐ OR Non-Profit 501(c)(3) Entity: ☐
If applicant agency is a non-profit entity attach to application, a copy of the 501(c)(3) non-profit letter issued by the Internal Revenue Service.
5. Did fiscal agent receive 80 percent or more of its annual gross revenue in federal awards in the preceding fiscal year; and \$25,000,000 or more in annual gross revenue from federal awards and in doing so is required to comply with "Federal Funding Accountability and Transparency Act"?

CHECK ONE: NO ☐ YES ☐ If yes, attach names and total compensation of the five most highly compensated officers.

SECTION 8: PARTICIPANT DATA (12 months)

1. Anticipated numbers to be served: Mothers: _____ Fathers: _____ Children: _____ Total Families: _____
2. Point of entry to be served (check all that apply): ☐ Pregnant Mothers ☐ Newborns ☐ Young Children 0 to 5
3. Describe the target population to be served: _____

SECTION 9: FIRST STEPS GEORGIA SITE INFORMATION

1. First Steps Georgia Site Status (please check only one box):
☐ New First Steps Georgia Site
☐ Existing First Steps Georgia Site

SECTION 10: SERVICE DELIVERY AREA

1. Primary county to be served: _____
2. List other counties to be served: _____
3. Georgia Congressional District(s) to be served: _____
4. County Population: _____ Year: _____
5. Poverty Rate: _____ Year: _____

SECTION 11: FIRST STEPS GEORGIA SUMMARY

Provide a summary of your First Steps Georgia site that is suitable for publication; less than 50 words; and in present tense.

APPLICATION FACE SHEET- INSTRUCTIONS

GENERAL INSTRUCTIONS: Tab or use arrow keys to move between entries. Do not hit enter. To check boxes: double click box, then select "Default Value", then select "Checked".

SECTION 1: APPLICANT AGENCY

1. Enter legal name, address, federal employer identification number, and DUNS number.
2. Enter the number of the congressional district for the city/county of the fiscal agent.
3. Enter contact information as indicated for the Executive Officer.

SECTION 2: FISCAL AGENCY (for contacting purposes)

Complete this section for entity (fiscal agent) that will manage contract funds and will be entering into contract with DFCS-OPFS, if awarded a contract. Enter legal name, address, federal employer identification number, and DUNS number for the fiscal agent.

SECTION 3: FISCAL CONTACT

Complete this section to provide the contact person for financial reporting purposes. For entities that have a fiscal agent, this section should be completed to indicate the fiscal agent's financial contact person. For non-profit entities, enter the contact information for individual that manages the financial accounts for the applicant agency.

SECTION 4: FIRST STEPS GEORGIA CONTACT

The First Steps Georgia contact will be the single point of contact for all aspects of the contract. If the First Steps Georgia contact for your contract is not known at time of application, enter contact information of interim person responsible for implementing First Steps Georgia for your agency.

SECTION 5: CONTRACT AMOUNT REQUESTED Using whole dollars enter the total contract amount requested.

SECTION 6: AUTHORIZING SIGNATURES

The application face sheet must be signed in **BLUE INK** by the Executive Officer who has the legal authority to enter into contractual agreements on behalf of the applicant agency and on behalf of the fiscal agent (if applicant has a fiscal agent).

SECTION 7: APPLICANT AGENT FISCAL INFORMATION: This section applies to entity that will manage the contracts and will enter into contract with DFCS-OPFS.

1. Enter the month of the fiscal year end for the fiscal agent.
2. Attach to the application, a copy of fiscal agent's financial statements, if a first-time contractor, as required by SoN. If applicant agency is a non-profit entity attach to the application, a copy of the 501(c)(3) non-profit letter issued by the Internal Revenue Service.
3. Check one box to indicate if the fiscal agent is delinquent on any federal debt. If the agency is delinquent on federal debt, attach to the application the following: Federal Agency and Program, CFDA number, Federal contact person's name, email, and explanation.
4. Check one box to indicate if the fiscal agent is a public government entity OR non-profit 501(c)(3) entity.
5. Check yes if applicant agency receives 80 percent or more of its annual gross revenue in Federal awards in its preceding fiscal year; and \$25,000,000 or more in annual gross revenue from Federal awards. If checking yes, the fiscal agent is required to comply with "Federal Funding Accountability and Transparency Act" by attaching to the application, the names and total compensation of the five most highly compensated officers of the applicant agency.

SECTION 8: PARTICIPANT DATA (12 months)

Complete this section to provide information on the clearly defined target population. 1) Indicate the projected number of participants to be served by your First Steps Georgia site for contract period beginning October 1, 2015 and ending September 30, 2016. Break down by the number of mothers, fathers, children and total families. 2) Indicate the anticipated First Steps Georgia point(s) of entry to be targeted for this contract. Please check all that apply. 3) Provide a short narrative describing the target population to be served by this contract.

SECTION 9: FIRST STEPS GEORGIA SITE INFORMATION

Complete this section to provide information regarding your First Steps Georgia site. Check one box that best describes the current status of the site.

SECTION 10: SERVICE DELIVERY AREA

Identify the First Steps Georgia service area: 1) List one primary county; 2) List other counties in service area; 3) Congressional district for the primary county to be served; 4) Provide county population and year gathered; 5) Provide poverty rate for county and year gathered.

SECTION 11: FIRST STEPS GEORGIA SUMMARY: Provide a summary of your First Steps Georgia site that is suitable for publication; in less than 50 words; in present tense.